

400 WEST MAIN

CITY OF RANGER

RANGER, TEXAS 76470

PHONE (254) 647-3522

FAX (254) 647-1407

FAILURE TO PROVIDE REQUESTED INFORMATION WILL RESULT IN DENIAL OF UTILITIES

THIS SECTION TO BE COMPLETED BY CUSTOMER

SERVICE ADDRESS: _____

FULL NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: _____

DRIVERS LICENSE OR ID CARD: # _____ STATE _____

MAILING ADDRESS: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ WORK PHONE #: _____

MARITAL STATUS: MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED _____

LIST NAMES OF ALL ADULTS LIVING AT THIS ADDRESS:

PRIOR SERVICE IN RANGER YES _____ NO _____ ADDRESS _____

UNDER WHAT NAME(S) _____

YOUR LAST ADDRESS _____

REFERENCE:	NAME	ADDRESS	RELATIONSHIP	PHONE #

EMPLOYER NAME: _____ PHONE #: _____

ADDRESS: _____

FOR OFFICE USE ONLY

DATE DEPOSIT RECEIVED: ____/____/____ DEPOSIT # _____

ACCOUNT #: _____ DATE SERVICE CONNECTED ____/____/____

METER SERIAL #: _____ SEQUENCE READING: _____

CURRENT METER READING: _____ COMMENTS _____

PLEASE LIST ANY ADDITIONAL NAMES TO APPEAR ON THE ACCOUNT. THE NAMES LISTED WILL BE ABLE TO MAKE ANY CHANGES DEEMED NECESSARY TO THE ACCOUNT WITHOUT YOUR WRITTEN APPROVAL. IF NO OTHER NAMES ARE LISTED, NO CHANGES CAN BE MADE TO THE ACCOUNT WITHOUT YOUR WRITTEN APPROVAL.

I/WE, THE UNDERSIGNED, AGREE TO PAY FOR SUCH SERVICES AT THE REGULAR RATES PRESCRIBED BY THE CITY COMMISSION OF THE CITY OF RANGER. ALL BILLS ARE DUE ON THE 15TH OF EACH MONTH. I/WE FURTHER AGREE TO PAY FOR THESE SERVICES UNTIL I/WE SUBMIT TO THE CITY OF RANGER A WRITTEN REQUEST TO TERMINATE UTILITY SERVICES.

I/WE HEREBY AGREE TO PAY A LATE FEE OF 10% OF THE TOTAL BILL IF NOT PAID BY THE 15TH OF EACH MONTH. I/WE ALSO UNDERSTAND THAT THE BILLING DATE IS THE LAST WORKING DAY OF THE MONTH AND THAT THE UNPAID BALANCE ON THE ACCOUNT IS PAST DUE IS ON THE 15TH AND THAT FAILURE TO PAY COMPLETELY BY THE 25th DAY OF THE MONTH MAY CAUSE UTILITY SERVICES TO BE TERMINATED.

I/WE FURTHER AGREE TO PAY A FEE OF \$35.00 FOR ALL CHECKS RETURNED TO THE CITY OF RANGER BY MY/OUR BANK UNPAID. IT IS UNDERSTOOD THAT IF I/WE SHALL AT ANY TIME FAIL TO PAY ANY CHARGES FOR SERVICE, THE CITY OF RANGER MAY DISCONTINUE SUCH SERVICES ABSOLUTELY WITHOUT NOTICE UNTIL ALL ARREARS ARE PAID.

I/WE WILL ABIDE BY AND CONSIDER AS PART OF THIS CONTRACT WHATEVER ORDINANCES, RULES, AND REGULATIONS THE CITY COMMISSION OF THE CITY OF RANGER MAY ADOPT FROM TIME TO TIME CONCERNING THE OPERATION AND BILLING OF ALL SERVICES BY THE CITY OF RANGER.

I/WE FURTHER AGREE THAT THE CITY OF RANGER MAY DISCONTINUE SUCH SERVICES ABSOLUTELY WITHOUT NOTICE IF I/WE HAVE ANY OUTSTANDING DEBTS TO THE CITY AND THAT THE CITY OF RANGER MAY USE UTILITY METER SECURITY DEPOSIT FUNDS TO SATISFY SUCH DEBTS.

I/WE THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE INFORMATION REQUESTED AND GIVEN WITHIN THIS DOCUMENT IS TRUE AND CORRECT, PURSUANT TO THE CITY OF RANGER MUNICIPAL CODE.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT